

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/17/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/25/2009
NAME OF PROVIDER OR SUPPLIER GROVER C. DILS MED CTR SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 700 N SPRING ST, BOX 1010-C-ADM BLDG CALIENTE, NV 89008		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as the result of the annual Medicare re-certification survey in accordance with 42 CFR Chapter IV Part 483 - Requirements for States and Long Term Care Facilities, on 3/23/09 through 3/25/09. The census at the time of the survey was 15 with a sample size of 8, including 1 closed record. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	F 000	For the deficiencies cited during this survey, this facility has or will develop and implement a facility-wide system to assure correction and continued compliance with the regulation(s). This facility has/will also provide a complete copy of this deficiency list to our Quality Initiative and Compliance Committee for review and/or appropriate action(s). This plan of correction is being submitted pursuant to the applicable federal and state regulations. Nothing contained herein shall be construed as an admission that the facility violated any federal or state regulation or failed to follow any applicable standard of care.		
F 221 SS=D	483.13(a) PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure physical restraints used to treat a residents medical condition was continually assessed and care planned for 1 of 8 sampled residents (#6). Findings include: Resident #6 was admitted to the facility on 8/10/07, with diagnoses of Dementia, Pedal	F 221	POC Accepted 5/1/09 A. Bruger		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator / CEO

5-1-2009

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 221	Continued From page 1 Edema, Frequent Falls, Constipation, Premature Atrial Contractions and Basal Cell Carcinoma of Left Eye. The medical record of Resident #6 revealed a physician's order dated 4/2/08, indicated "Side rails as an enabler." A restraint consent form was signed by Resident #6's legal guardian (daughter) for side rails as an enabler on 4/14/08. The resident was observed in bed on 3/23/09 and 3/24/09, with all four side rails up. On 3/25/09 in the morning, the Director of Nursing (DON) indicated that Resident #6 had a history of falls and tried to get out of bed on her own. Due to her dementia and high risk for falls, the facility used all four siderails for the resident's safety. The DON also indicated that the daughter also wanted all the side rails up as well for safety purposes. *There was no documented evidence that the risks and benefits for use of the side rails was explained to the resident's legal guardian. The facility lacked assessments or careplans for the continued use and or reduction of full side rails in the residents medical record.	F 221	F-221 Grover C. Dils Medical Center will uphold this regulation by allowing residents to be free from any physical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms. The Care Plan for resident #6 will be revised to reflect the use of 2 bed rails as enablers to assist the resident in bed mobility. The facilities restraint consent documentation will be revised to offer instructions regarding the risks and benefits of restraint use. The two lower half rails will be removed from the resident beds unless properly documented for use. Nursing Staff will be inserviced regarding the proper use and documentation of restraints. The Director of Nurses will perform and maintain documentation of the inservices. The Director of Nurses will monitor adherence to the facility restraint policy to assure compliance.		5-6-2009
F 272 SS=D	483.20, 483.20(b) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must	F 272			

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F 272	<p>Continued From page 2</p> <p>include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and Documentation of participation in assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to complete an accurate assessment for 2 of 8 sampled residents (#5, #8).</p> <p>Findings include:</p> <p>Resident #5</p> <p>Resident #5 was admitted on 12/1/05 with diagnoses including Peripheral Neuropathy, Esophageal Stricture, Constipation, Osteoarthritis, Benign Prostatic Hypertrophy, and Carpal Tunnel Syndrome. Resident #5 sustained a fall on 12/26/08.</p>	F 272	<p>F-272</p> <p>Grover C. Dils Medical Center will comply with this regulation by conducting initial and periodic comprehensive, accurate, standardized, reproducible assessments of each resident's functional capacity.</p> <p>The MDS Dated 2-3-2009 for resident #5 will be corrected to reflect the documented falls. The documentation used to perform the MDS will be more closely analyzed and reported.</p> <p>The Director of Nursing will review all MDS's for accuracy. Any errors will be corrected.</p> <p>Resident #8 no longer resides in the SNF.</p> <p>Nurses will be inserviced regarding the facility policy surrounding PRN Medication Administration. All assessments of residents will be accurately documented and dated.</p> <p>The Director of Nurses and/or Facility Risk Manager will assure compliance by performing random chart reviews. Any errors found will be corrected and reported to the Quality Assurance Committee.</p>		5-6-2009

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F 272	<p>Continued From page 3</p> <p>Resident #5's MDS (Minimum Data Set) Quarterly Assessment dated 2/3/09 had J4 Accidents section not accurately completed. Box (e), None of the above, had a check mark in the box. Box (b), Fell in the past 31-180 days, was not checked off.</p> <p>Resident #8</p> <p>Resident #8 was admitted on 6/16/05 with diagnoses including Urge Incontinence, Coronary Artery Disease, Hypertension, Congestive Heart Failure, and Constipation.</p> <p>Employee #8, a Licensed Practical Nurse (LPN), documented on Resident #8's Nurse's Notes dated 1/31/09 that the resident had no bowel movements from 1/26/09 to 1/30/09 and the resident's appetite was decreasing. The LPN informed Employee #7, a Registered Nurse (RN), regarding Resident #8's feeding intolerance and low caloric intake. The LPN documented on the note that the RN assessed bowel sounds on all four quadrants with lower quadrants quiet. No other assessments were documented concerning Resident #8's bowel status.</p> <p>There was no other abdominal assessment completed on 1/31/09 by Employee #7 on Resident #8 except for documentation written by the LPN, Employee #8, regarding bowel sounds.</p> <p>On 4/2/09 at 6:20AM, the phone interview with Employee #7 revealed Employee #7 indicated that he recalled Resident #8, but did not recall an abdominal assessment completed on 1/31/09. Employee #7 indicated the complete abdominal assessment should have been in the nursing</p>	F 272			

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F 272	Continued From page 4 notes. On the morning of 3/25/09, the Director of Nursing (DON), indicated if there was an issue regarding a residents bowel status an abdominal assessment should be documented in the nursing notes with the following assessments: - bowel sounds - bowel movements - bowel pain with and without palpation - abdominal distention Resident #8's Nurse's Notes dated 1/31/09 and timed 2:10pm revealed Zofran, which was ordered 1/30/09 and to be given as needed, was administered at 10:00am to the resident. The physician ordered Reglan to be given twice a day. <u>There was no documented assessment after the medication Zofran was given.</u> The facility's undated policy labeled Implementation, Administration, and Intervention documented under the PRN (as needed) medications section to return <u>after 30 minutes after giving the medication and note the patient's response in the patient's record.</u>	F 272			
F 279 SS=D	483.20(d), 483.20(k)(1) COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive	F 279	F-279 The staff at Grover C. Dils Medical Center will comply with this regulation by using the results of the assessment to develop, review and revise the resident's comprehensive pan of care. The Care Plan for resident #5 will be updated to reflect the documented falls. Each resident's care plan will be reviewed and updated as needed to reflect the fall risk when the resident falls. The Social Service Director will perform random monthly reviews of resident care plans to assure compliance. Errors will be corrected and reported to the Quality Assurance Committee.		5-6-2009

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F 279	<p>Continued From page 5 assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to revise a resident's comprehensive plan of care (#5).</p> <p>Findings include:</p> <p>Resident #5</p> <p>Resident #5 was admitted on 12/1/05 with diagnoses including Peripheral Neuropathy, Esophageal Stricture, Constipation, Osteoarthritis, Benign Prostatic Hypertrophy, and Carpal Tunnel Syndrome.</p> <p>Resident #5's Nurse's Notes dated 2/22/09 indicated Resident #5 informed the Certified Nurses Assistant (CNA) he slid out of bed and landed on his knees but was able to get himself back into bed.</p> <p>Resident #5 also sustained a fall on 12/26/08.</p> <p>There was no updated care plan completed for Resident #5 for both falls.</p>	F 279			

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F 309 SS=E	<p>483.25 QUALITY OF CARE</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow physician orders and provide necessary care and services to attain and maintain the highest practicable physical, mental and psychosocial well-being for 5 of 10 residents (#10, #9, #3, #5, #8).</p> <p>Findings include:</p> <p>Resident #10</p> <p>Resident #10 was admitted on 12/29/08.</p> <p>On 3/24/09 at 8:00AM, Employee #9 administered one tablet of Meloxicam 7.5 mg (milligrams) to Resident #10.</p> <p>Resident #10's physician orders dated 1/12/09 ordered for Meloxicam to be given daily during lunch time. There was no documented evidence Meloxicam was to be administered during the morning.</p> <p>On 3/24/09 at 8:00AM, Employee #9 gave Resident #10 a medicine container filled with one tablespoon of liquid Centrum. When Resident #10 was given the container filled with Centrum,</p>	F 309	<p>F-309</p> <p>It is the intention of this facility to comply with this regulation by providing the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>The physician orders for residents #10, 9, 3 and 5 will be reviewed and revised as needed. Resident #8 no longer resides in the SNF.</p> <p>Nursing staff will be inserviced regarding the facility policies for Medication Administration and Documentation. The inservice will be directed and documented by the Director of Nurses.</p> <p>The Director of Nurses will assure compliance by performing random evaluations of medication administrations. Medication errors will be corrected at the time of administration. Error tendencies will be reported to the Quality Assurance Committee.</p>		5-6-2009

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F 309	<p>Continued From page 7</p> <p>Employee #9 exited the room to administer medication to a resident in the hallway. Employee #9 did not observe Resident #10 refuse the Centrum. When Employee #9 exited the room, Resident #10 stood up, walked to the sink, and poured the Centrum liquid down the drain. Resident #10 indicated she refuses Centrum once to twice a week.</p> <p>Resident #10's Medication Administration Record documented Resident #10's medication was given on 3/24/09. There was no documented evidence Resident #10 refused Centrum on 3/24/09.</p> <p>Resident #9</p> <p>Resident #9 was admitted on 10/7/08 with diagnoses including Hypertension, Dementia, and Chronic Dizziness.</p> <p>On 3/24/09 at 7:15PM, Employee #10 was preparing Resident #9's medication. Employee #10 indicated Resident #9 ran out of Lipitor and would not be receiving Lipitor because the facility was awaiting insurance approval.</p> <p>Resident #9's physician orders dated 10/08/08 ordered for Lipitor 10 mg at HS (at bedtime). There was no documented evidence to stop Lipitor.</p> <p>On 3/25/09 in the afternoon, The DON confirmed Resident #9's Lipitor was not given since last Saturday because the pharmacy was awaiting for insurance approval.</p> <p>Resident #3</p>	F 309			

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F 309	<p>Continued From page 8</p> <p>Resident #3 was admitted on 8/28/06 with diagnoses including Depression, Constipation, Congestive Heart Failure, and Diabetes.</p> <p>On 3/24/09 at 7:20PM, Employee #10 administered 1 puff of Azmacort inhaler to Resident #3. Resident #3 physician orders dated 6/30/08 ordered for 2 puffs. Employee #10 checked the order and confirmed she should have administered 2 puffs.</p> <p>Resident #5</p> <p>Resident #5 was admitted on 12/1/05 with diagnoses including Peripheral Neuropathy, Esophageal Stricture, Constipation, Osteoarthritis, Benign Prostatic Hypertrophy, and Carpal Tunnel Syndrome.</p> <p>Resident #5's Nurse's Note dated 2/8/09 documented Resident #5 sustained a laceration to his left forearm. The wound site was cleansed with normal saline, triple antibiotic ointment applied, and a Band-Aid placed on the site. There was no documented evidence the physician was notified of the open wound and no order to treat the wound with triple antibiotic ointment.</p> <p>Resident #8</p> <p>Resident #8 was admitted on 6/16/05 with diagnoses including Urge Incontinence, Coronary Artery Disease, Hypertension, Congestive Heart Failure, and Constipation.</p> <p>Employee #8, a Licensed Practical Nurse (LPN), documented on Resident #8's Nurse's Notes dated 1/31/09 that the resident had no bowel movements from 1/26/09 to 1/30/09 and the</p>	F 309			

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F 309	<p>Continued From page 9</p> <p>resident's appetite was decreasing. The LPN informed Employee #7, a Registered Nurse (RN), regarding Resident #8's feeding intolerance and low caloric intake. The LPN documented on the note that the RN assessed bowel sounds on all four quadrants with lower quadrants quiet. No other assessments were documented concerning Resident #8's bowel status.</p> <p>There was no other abdominal assessment completed on 1/31/09 by Employee #7 on Resident #8 except for documentation written by the LPN, Employee #8, regarding bowel sounds.</p> <p>On 4/2/09 at 6:20AM, the phone interview with Employee #7 revealed Employee #7 indicated that he recalled Resident #8, but did not recall an abdominal assessment completed on 1/31/09. Employee #7 indicated the complete abdominal assessment should have been in the nursing notes.</p> <p>On the morning of 3/25/09, the Director of Nursing (DON), indicated if there was an issue regarding a residents bowel status an abdominal assessment should be documented in the nursing notes with the following assessments:</p> <ul style="list-style-type: none"> - bowel sounds - bowel movements - bowel pain with and without palpation - abdominal distention <p>Resident #8's Nurse's Notes dated 1/31/09 and timed 2:10pm revealed Zofran, which was ordered 1/30/09 and to be given as needed, was administered at 10:00am to the resident. The physician ordered Reglan to be given twice a day. There was no documented assessment after the</p>	F 309			

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F 309	Continued From page 10 medication Zofran was given.	F 309			
F 332 SS=E	<p>The facility's undated policy labeled Implementation, Administration, and Intervention documented under the PRN (as needed) medications section to return after 30 minutes after giving the medication and note the patient's response in the patient's record.</p> <p>483.25(m)(1) MEDICATION ERRORS</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a medication error rate of less than five percent. Forty seven medication passes were observed plus one dose ordered but not given. Four errors were noted for an error rate of 8.3% (#10, #9, #3).</p> <p>Findings include:</p> <p>Resident #10</p> <p>Resident #10 was admitted on 12/29/08.</p> <p>On 3/24/09 at 8:00AM, Employee #9 administered one tablet of Meloxicam 7.5 mg (milligrams) to Resident #10.</p> <p>Resident #10's physician orders dated 1/12/09 ordered for Meloxicam to be given daily during lunch time. There was no documented evidence Meloxicam was to be administered during the morning.</p>	F 332	<p>F-332</p> <p>Grover C. Dils Medical Center will comply with this regulation by maintaining a medication error rate of five percent or less.</p> <p>The physician orders for residents #10, 9 and 3 will be reviewed and revised as needed. Resident #8 no longer resides in the SNF.</p> <p>Nursing staff will be inserviced regarding the facility policies for Medication Administration and Documentation. The inservice will be directed and documented by the Director of Nurses.</p> <p>The Director of Nurses will assure compliance by performing random evaluations of medication administrations. Medication errors will be corrected at the time of administration. Error tendencies will be reported to the Quality Assurance Committee.</p>	5-6-2009	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/17/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/25/2009
NAME OF PROVIDER OR SUPPLIER GROVER C. DILS MED CTR SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 700 N SPRING ST, BOX 1010-C-ADM BLDG CALIENTE, NV 89008		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 332	<p>Continued From page 11</p> <p>On 3/24/09 at 8:00AM, Employee #9 gave Resident #10 a medicine container filled with one tablespoon of liquid Centrum. When Resident #10 was given the container filled with Centrum, Employee #9 exited the room to administer medication to a resident in the hallway. Employee #9 did not observe Resident #10 refuse the Centrum. When Employee #9 exited the room, Resident #10 stood up, walked to the sink, and poured the Centrum liquid down the drain. Resident #10 indicated she refuses Centrum once to twice a week.</p> <p>Resident #10's Medication Administration Record documented Resident #10's medication was given on 3/24/09. There was no documented evidence Resident #10 refused Centrum on 3/24/09.</p> <p>Resident #9</p> <p>Resident #9 was admitted on 10/7/08 with diagnoses including Hypertension, Dementia, and Chronic Dizziness.</p> <p>On 3/24/09 at 7:15PM, Employee #10 was preparing Resident #9's medication. Employee #10 indicated Resident #9 ran out of Lipitor and would not be receiving Lipitor because the facility was awaiting insurance approval.</p> <p>Resident #9's physician orders dated 10/08/08 ordered for Lipitor 10 mg at HS (at bedtime). There was no documented evidence to stop Lipitor.</p> <p>On 3/25/09 in the afternoon, The DON confirmed Resident #9's Lipitor was not given since last</p>	F 332			

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F 332	Continued From page 12 Saturday because the pharmacy was awaiting insurance approval. Resident #3 Resident #3 was admitted on 8/28/06 with diagnoses including Depression, Constipation, Congestive Heart Failure, and Diabetes. On 3/24/09 at 7:20PM, Employee #10 administered 1 puff of Azmacort inhaler to Resident #3. The physician's orders dated 6/30/08 ordered for 2 puffs. Employee #10 checked the order and confirmed she should have administered 2 puffs.	F 332			
F 354 SS=C	483.30(b) NURSING SERVICES - REGISTERED NURSE Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to use the services of a registered nurse (RN) for at least 8 consecutive hours a day, 7 days a week.	F 354	F-354 It is the intentions of Grover C. Dils Medical Center to provide the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. However, due to the shortage of nurses in our area, the Administrative Office of Grover C. Dils Medical Center will apply for a waiver from CMS regarding the 8 consecutive hours of RN coverage on a daily basis.		5-6-2009

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NAME OF PROVIDER OR SUPPLIER GROVER C. DILS MED CTR SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 700 N SPRING ST, BOX 1010-C-ADM BLDG CALIENTE, NV 89008		
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F 354	Continued From page 13 Findings include: On 3/24/09 in the afternoon, the Director of Nursing (DON) confirmed the facility did not have 8 consecutive hours a day of RN services during the weekend because the RN would also in addition to the nursing side have to cover the hospital side of the facility. The Facility's December 2008 staffing schedule documented that there was one nurse covering the hospital and skilled nursing facility on December 13, 2008. The Facility's March 2009 staffing schedule documented on 3/29/09, one nurse covering both the hospital and the skilled nursing facility side, 12 hours in the morning and 12 hours during the evening.	F 354			

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